

**For office use only:**

**RFI No.**

**MICHIGAN JUDICIAL TENURE COMMISSION  
REQUEST FOR INVESTIGATION FORM**

**Instructions:**

- (1) Type or print all information, except your signature.
- (2) Complete **both** pages of this form.
- (3) Have your signature notarized.
- (4) Make a copy of this Request for Investigation for your files.
- (5) Include copies of any documents or transcripts that support your claim.  
Send **copies** of documents or transcripts only, not originals.
- (6) Return this original, completed form to:

Judicial Tenure Commission  
3034 W. Grand Blvd., Ste. 8-450  
Detroit, MI 48202

**I. INFORMATION ABOUT YOU:**

Name: \_\_\_\_\_ Prisoner No., if any. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**II. INFORMATION ABOUT YOUR CASE:**

Name of Judge/Magistrate/Referee: \_\_\_\_\_

Name of Case \_\_\_\_\_

Case No. \_\_\_\_\_ District or Circuit Court No. \_\_\_\_\_

Type of Judge (check one):

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Supreme Court    | <input type="checkbox"/> Probate Court   | <input type="checkbox"/> Magistrate |
| <input type="checkbox"/> Court of Appeals | <input type="checkbox"/> District Court  | <input type="checkbox"/> Referee    |
| <input type="checkbox"/> Circuit Court    | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Other      |

Date and time of the alleged misconduct: \_\_\_\_\_

Your Attorney's Name: \_\_\_\_\_ Attorney's Phone No. \_\_\_\_\_

Do you have any transcripts of the proceedings? ☐ yes ☐ no

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**III. PLEASE SET OUT THE FACTS YOU ALLEGE CONSTITUTE MISCONDUCT:**  
(Attach additional sheets, if necessary)

**I certify that I have read the information sheet on the Judicial Tenure Commission's function, jurisdiction, and procedures. I further swear (or affirm) that the above information is true and accurate, and I have been duly sworn by the attesting notary public listed below.**

**COMPLETE ENTIRE SECTION BELOW BEFORE MAILING**

Subscribed and sworn to before me, a Notary Public,  
on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
**Original** Signature of Notary  
Notary Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Your original signature

**Notary stamp or seal required here:**

**RETURN FORM WITH ORIGINAL SIGNATURES, AND SEAL AND/OR STAMP**  
[DOWNLOAD]